



COVER PAGE

MAR - 1 2011

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Perez Victor Manuel

1. Office, Agency, or Court

Agency Name
State Assembly
Division, Board, Department, District, if applicable
Assembly District 80
Your Position
Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is through December 31, 2010.
☐ Leaving Office: Date Left (Check one)
The period covered is January 1, 2010, through the date of leaving office.
The period covered is through the date of leaving office.
☐ Assuming Office: Date
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and any attached schedules and certify that the information is true and complete. I acknowledge this is true and complete.
I certify under penalty of perjury under the laws of the State of California that

Date Signed (month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">V. Manuel Perez</div>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Desert Moon Development, LLC

ADDRESS (Business Address Acceptable)

77-900 Avenue of the States, Palm Desert, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Property Management

YOUR BUSINESS POSITION

Property Manager

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name V. Manuel Pérez

Comments: _____

Form 700 (2010 Annual)
Schedule D Attachment
Income- Gifts
V. Manuel Perez

Name of Source	Address	Business Activity	Date	Gift Amount	Description
CA Tribal Business Alliance	1530 J Street Sacramento, CA 95814		1/12/2010	92.68	Reception
CA Healthcare Institute	1020 Prospect Street, Suite 310 La Jolla, CA 92037		2/2/2010	205.30	Reception
CA Democratic Party	1401 21 st Street, Suite 200, Sacramento CA, 95811		8/19/2010	38.52	Breakfast
Edwards Lifesciences Corporation	1 Edwards Way Irvine CA 92614	Medical Technology	11/17/2010	53.06	Dinner
CA Manufacturing and Technology Association	1115 11 th Street Sacramento CA, 95814		11/16/2010	224.00	Dinner
CA Democratic Party	1401 21 st Street, Suite 200, Sacramento, CA 95811		12/5/2010	84.80	Reception
John A. Perez for Assembly 2010	777 South Figueroa Street Suite 4050 Los Angeles CA 90017		12/6/2010	110.00	Leather Portfolio
The Walt Disney Company	500 South Buena Vista Street, Burbank CA, 91521	Entertainment	12/30/2010	380.00	Disneyland tickets

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

V. Manuel Pérez

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE

See attached (1 page)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____

Form 700 (2010 Annual), Schedule E Attachment
Income- Gifts, Travel Payments, Advances, and Reimbursements
V. Manuel Perez

Name of Source	Address	Business Activity	Date	Gift Amount	Description
CA Independent Voter Project	2350 Kerner Boulevard Suite 250, San Rafael CA 94901	501(c) (4)	11/14/2010	2,447.56	Transportation, Meals, Lodging for Speaking Event
CA Council for Environmental Economic Balance	100 Spear Street, Suite 805 San Francisco, CA 94105	501(c) (4)	7/19/ 2010	288.05	Transportation, Meals, Lodging for Speaking Event
CA Issues Forum	1717 I Street Sacramento, CA 95814	501(c) (4)	12/13-14/2010	1,170.40	Transportation, Meals, Lodging for Speaking Event
CA Issues Forum	1717 I Street Sacramento, CA 95814	501(c) (4)	8/5/2010	90.00	Meals for Speaking Event
Klamath Alliance for Resources & Environment	P.O. Box 1234 Yreka, CA 96097	501(c)(3)	5/13-14/2010	599.65	Informational Tour